

This form must be completed **prior** to any change in permit (facility) **activity** status. Send the completed form to your Ecology regional permit manager (same address as you use for mailing in the discharge monitoring reports, DMRs)

Please contact your Ecology regional permit manager if you have any questions.

SECTION 1. GENERAL INFORMATION AND CERTIFICATION STATEMENT					
Permit Number Permittee			Facility Name (if different)		
	1 Climate		racinty (ii different)		
WAG 50					
	Mailing Address (check if new address □ )		Facility Location		
Street / PO Box					
Sueet/ FO Box					
City State 7in					
City, State, Zip					
Facility Contact Person	Name		Title	Phone	
(can answer questions					
about proposed change)					
CERTIFICATION					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in					
accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted.					
Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the					
	tion submitted is, to the best of my k				
that there are significant	penalties for submitting false infort	nation, inc	luding the possibili	ty of a fine and/or imprisonment	
for knowing violations.					
Name (printed or typed)		Title			
Signature *		Date Sign	Date Signed		
Digitation Distribution of the Control of the Contr		Date Sign	Date Signed		
*This document must be signed in accordance with the Sand and Gravel Permit general condition G20.					
CHANGE IN PERMIT ACTIVITY STATUS					
CHANGE IN PERMIT ACTIVITY STATUS					
Permit No. WAG-50 is currently inactive. It will become active on					
(date)  The amount and type of raw material to be produced is expected to be					
The amount and type of faw material to be produced is expected to be					
<u></u>					
☐ Permit No. WAG-50 is active. It will become inactive on I expect					
(date)					
the site to be active 90 days or less a calendar year or more than 90 days a year THE ONLY ACTIVITY					
THAT WILL OCCUR IS THE REMOVAL OF MATERIAL FROM STOCKPILES					
(gignatura)					
(signature)					

cc (completed form): Facility Manager WPLCS Coordinator Fee Unit, HQ